General Assembly **Amendment**

January Session, 2005 LCO No. **5976**

SB0003005976SR0

Offered by:
SEN. HERLIHY, 8th Dist.

To: Subst. Senate Bill No. **30** File No. 187 Cal. No. 190

"AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST CANCER SCREENING.""

After the last section, add the following and renumber sections and internal references accordingly:

"Sec. 501. Section 38a-504 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) Each insurance company, hospital service corporation, medical service corporation, health care center or fraternal benefit society which delivers or issues for delivery in this state individual health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469, shall provide coverage under such policies for the surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any nondental prosthesis including any maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis,

outpatient chemotherapy following surgical procedure in connection with the treatment of tumors, and a wig if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under such policies.

(b) Except as provided in subsection (c) of this section, the coverage required by subsection (a) of this section shall provide at least a yearly benefit of five hundred dollars for the surgical removal of tumors, five hundred dollars for reconstructive surgery, five hundred dollars for outpatient chemotherapy, three hundred fifty dollars for a wig and the greater of three hundred dollars or the amount allowed in section 503 of this act for prosthesis, except that for purposes of the surgical removal of breasts due to tumors the yearly benefit for prosthesis shall be at least three hundred dollars for each breast removed.

(c) The coverage required by subsection (a) of this section shall provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under such policies. For the purposes of this subsection, reconstructive surgery includes, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

Sec. 502. Section 38a-542 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) Each insurance company, hospital service corporation, medical service corporation, health care center or fraternal benefit society which delivers or issues for delivery in this state group health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 shall provide coverage under such policies for treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any

nondental prosthesis, including any maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, outpatient chemotherapy following surgical procedures in connection with the treatment of tumors, a wig if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy, and costs of removal of any breast implant which was implanted on or before July 1, 1994, without regard to the purpose of such implantation, which removal is determined to be medically necessary. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under such policies.

(b) Except as provided in subsection (c) of this section, the coverage required by subsection (a) of this section shall provide at least a yearly benefit of one thousand dollars for the costs of removal of any breast implant, five hundred dollars for the surgical removal of tumors, five hundred dollars for reconstructive surgery, five hundred dollars for outpatient chemotherapy, three hundred fifty dollars for a wig and the greater of three hundred dollars or the amount allowed in section 504 of this act for prosthesis, except that for purposes of the surgical removal of breasts due to tumors the yearly benefit for prosthesis shall be at least three hundred dollars for each breast removed.

(c) The coverage required by subsection (a) of this section shall provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under such policies. For the purposes of this subsection, reconstructive surgery includes, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

Sec. 503. (NEW) (*Effective October 1, 2005*) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general

statutes delivered, issued for delivery, amended, renewed or continued in this state on or after October 1, 2005, shall provide coverage for prosthetic devices that, at a minimum, equals the coverage and payment for prosthetic devices provided under federal laws and regulations for the aged and disabled pursuant to 42 USC 1395k, 42 USC 1395l, 42 USC 1395m and 42 CFR 414.202, 42 CFR 414.210, 42 CFR 414.228 and 42 CFR 410.100, except that in no event shall such coverage be less than the coverage provided in section 38a-504 of the general statutes, as amended by this act. Coverage shall be provided for a prosthetic device determined by the insured's provider to be the most appropriate to meet the medical needs of the insured.

Sec. 504. (NEW) (*Effective October 1, 2005*) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended, renewed or continued in this state on or after October 1, 2005, shall provide coverage for prosthetic devices that, at a minimum, equals the coverage and payment for prosthetic devices provided under federal laws and regulations for the aged and disabled pursuant to 42 USC 1395k, 42 USC 1395l, 42 USC 1395m and 42 CFR 414.202, 42 CFR 414.210, 42 CFR 414.228 and 42 CFR 410.100, except that in no event shall such coverage be less than the coverage provided in section 38a-542 of the general statutes, as amended by this act. Coverage shall be provided for a prosthetic device determined by the insured's provider to be the most appropriate to meet the medical needs of the insured."